

## Körner group urges changes in NHS statistics

The first report of the Körner Steering Group on Health Services Information was published last month.\* It recommends important changes in the statistics collected by the National Health Service. If adopted, the Körner Group believes that the improved data would help to improve the quality and efficiency of the NHS. A leading article on the report was published on 30 October (p 1227).

The report is the first of a series. It explains the principles that the group has followed and makes specific recommendations for changes in information collected about hospital clinical facilities and the patients using them. Further reports, expected next year, will deal with community health services, paramedical services, patient transport services, and information about manpower and finance.

Mrs Edith Körner said that the group's aim was to devise a series of sets of basic statistics that every health authority should have to manage its health services properly and that could be collected economically, quickly, and accurately. The group worked in close consultation with a wide range of people in the NHS and Department of Health and Social Security and made every effort to ensure that its ideas were discussed as widely as possible.

The Health Services Information Steering Group was set up in February 1980 under the chairmanship of Mrs Edith Körner, vice-chairman of the South Western Regional Health Authority. It was given the following terms of reference:

"(1) To agree, implement, and keep under review principles and procedures to guide the future development of health services information systems;

"(2) to identify and resolve health services information issues requiring a coordinated approach;

"(3) to review existing health services information systems; and

"(4) to consider proposals for changes to, or developments in, health services information systems arising elsewhere and, if acceptable, to assess priorities for their development and implementation."

The group's approach to its task was based on the requirement to collect data because they were essential for operational purposes. The group aims to establish a series of minimum data sets, covering the major areas of management activity in the NHS, to provide the information needed by a district health authority and its officers to manage health services, and actively to influence the allocation of resources. It has been assumed that if data are not required for district purposes it is unlikely that they are required by regional health authorities or central government.

### Confidentiality

Many of the recommendations in the first report are concerned with data about indi-

vidual patients. Health Service managers use information derived from these sources only in aggregated form, so for their purposes there is no need to include the patient's name as part of the minimum data set. The group realises the importance of keeping data about patients confidential, and one of its working groups is reviewing current administrative practice and hopes to make recommendations next year.

The management arrangements for collecting, processing, and analysing data within a health district have also been a major concern. A paper published by the King's Fund, *Converting data into information*, will be sent out with copies of the first report. This contains proposals formulated by members of two workshops promoted by the group about

the management arrangements required for collecting valid clinical data and providing a district information service.

### Secretary of State's comments

Mr Norman Fowler, Secretary of State for Social Services, said that in terms of its value and effectiveness the proposed new system was likely to be superior to the existing arrangements, but there were inevitably costs in implementing the change. "I will need to be satisfied," he said, "in the process of consultation, that the regional health authorities believe that if the changes go ahead they can be implemented within the existing costs of the management of the Health Service."

## Junior hospital doctors: hours of work circular

The Department of Health and Social Security is about to issue the circular that will abolish one in one rotas for hospital junior staff. The draft circular was published on 23 October (p 1221). There are two minor amendments. One in one rotas will be abolished from 1 March 1983 and not 1 January, and the district working parties will now be required to submit a preliminary report by the end of February 1983 and not during January.

The BMA's Hospital Junior Staff Committee advises all junior doctors to acquire a copy of the circular as

soon as possible. It is being issued as a personal memorandum, *Pay and conditions of service. Junior hospital medical and dental staff: hours of work*.

District authorities will be setting up working parties and junior doctors should take steps to ensure that they are represented. The secretary of the Hospital Junior Staff Committee, Mrs Jane Nicholls, would like to know the names, addresses, and telephone numbers of junior representatives. She may be contacted at BMA House, Tavistock Square, London WC1H 9JP (01-387 4499).

## Cuts in consultant expansion in Trent

Trent Regional Health Authority is to cut severely its programme to increase the number of consultants working in the region. This year about 40 additional consultant posts were created and filled; in future, however, as few as 10 new posts a year could be filled. The cut is the result of the Government's decision to reduce the expected level of growth in Health Service regions over the next two years. The consultant expansion programme was introduced several years ago to try to bring Trent up to the level of better provided regions in the country. The decision is also likely seriously to affect the region's plans to implement recommendations resulting from the Short Report to improve career opportunities for junior doctors by further increasing the number of consultant posts. All medical and dental posts that are vacated in consultant and junior

grades will be reviewed and some may be forfeited to make alternative, more important, appointments, the RHA warns.

## Association Notices

### Wakefield Division—change of title

Notice is hereby given that, in future, the Wakefield Division will be known as the "Wakefield and Pontefract Division."

J D J HAVARD  
Secretary

\*Steering Group on Health Services Information. *First report to the Secretary of State*. London: HMSO, 1982. (Körner Report.)

## BMA careers fair

Close cooperation with the University of Birmingham was largely responsible for the success of the BMA careers fair held at the Queen Elizabeth Postgraduate Centre in Birmingham on 19 November. Dr Mary White, member of the BMA council, chaired the working party which had organised the fair. It has been included in the curriculum for final year students so they were excused clinical duties to attend and seek advice at the 30 stands from specialty departments. Preregistration officers were also invited and Professor Owen Wade, dean of the medical school, addressing the audience of 200 students and doctors, said that it was the university's affair to make sure that they got a good job. He paid tribute to the BMA's initiative and to Dr White's efforts in organising the fair. She subsequently warned the gathering about the spectre of unemployment among doctors, and though Professor Wade was less worried about this possibility he advised students to remain as versatile as possible. Professor Peter Bevan, director of the department of graduate clinical studies, emphasised the wide range of appointments and answered many queries on these during a lively exchange with the audience. The picture shows Dr Mary White with Professor Bevan on the left and Professor Wade.



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## General practice

### Microcomputers

A full report of the meeting of the General Medical Services Committee on 18 November will be published in a future issue. Scrutator comments at p 1586.

The committee was worried about the limited number of venues for demonstrations of the computers that will be available under the Department of Industry's scheme for providing microcomputers for general practitioners (19 June 1981, p 1884). It has been agreed that these demonstrations will be arranged at centres throughout the country. The form of contract is still being discussed with the committee and general practitioners are advised not to sign any undertaking to proceed with the use of a computer under the

scheme until the final version of the contract has been approved on behalf of the profession.

### Vandalism: information wanted

With the continued reports in the press of attacks on doctors' surgeries local medical committees have again been asked for factual information about such incidents, with the consent of the general practitioner concerned. The secretariat would like to know the nature and extent of the damage; the suspected motive—for example, hooliganism, drug theft, malicious attack by a dissatisfied patient; whether it is an isolated incident; and whether the doctor is having difficulty in obtaining insurance or has to pay an enhanced premium.

## More fee increases negotiated by BMA

Though discussions relating to one or two fees paid by central Government departments have not yet been satisfactorily concluded, it has been agreed with the Treasury that without prejudice to these continuing discussions increases in fees effective from 1 April 1982 will be put into effect without further delay. Consequently the new rates for the attendance allowance examination, mobility allowance, and industrial injury cases will be paid shortly. The Departmental schedules of fees are being revised and the relevant pages of the BMA Fees Guide have been reprinted. Members requiring them should quote the reference "Fees 22." The opportunity has been taken to revise paragraph 100 to take account of new

Whitley Council and hospital service mileage allowances, which are applicable for certain non-National Health Service work covered in the Fees Guide. For this page the appropriate reference is "Fees 100."

Finally, increases have been agreed in the category A fees for dental anaesthetics, and paragraph 133 has also been amended to take account of the new figures. Members requiring this page should quote the reference "Fees 133."

Amendments are available from BMA House and regional offices. In all cases the current membership number should be quoted and a stamped addressed envelope would be appreciated.

## Health Service in Wales

Information about expenditure on the National Health Service in Wales was given in recent Parliamentary written answers.

### Gross public expenditure

Year	£m
1971-2	123.1
1972-3	137.7
1973-4	156.0
1974-5	206.7
1975-6	277.8
1976-7	311.8
1977-8	352.9
1978-9	404.5
1979-80	474.3
1980-1	610.6
1981-2	696.5*
1982-3	764.5†

\*Provisional.

†Estimated.

### Cost of pharmaceutical services

Year ended 31 March	Cost of drugs, dressings, and appliances (£m)	Gross cost of pharmaceutical services (including fees and allowances for dispensing) (£m)
1972	11.6	15.9
1973	13.1	17.9
1974	14.4	19.6
1975	17.4	23.8
1976	21.4	29.9
1977	27.9	37.9
1978	35.3	45.7
1979	41.9	54.6
1980	48.5	60.7
1981	56.5	74.3
1982	63.5*	84.4*
1983	75.2†	96.7†

\*Provisional.

†Estimated.

### Family practitioner committee expenditure

Year	£m
1971-2	31.4
1972-3	34.9
1973-4	38.3
1974-5	45.8
1975-6	60.3
1976-7	71.7
1977-8	81.6
1978-9	96.3
1979-80	112.0
1980-1	139.5
1981-2	159.2*
1982-3	178.1†

\*Provisional.

†Estimated.

## Junior Members Forum 1983

"The health problems of ethnic minorities" is the subject of the symposium to be held on the first day of the 1983 Junior Members Forum. The second day of the forum, which will take place at the University of Sheffield on Saturday and Sunday, 26 and 27 March, will be devoted to medicopolitics. Further details of the programme will be published shortly. Doctors who are interested in attending should contact their local BMA regional office or Mr R V Woods at BMA House.